

Wrestling Event Report
Kentucky Boxing and Wrestling Authority

500 Mero Street
Capital Plaza Tower, 5th Floor, Office 509
Frankfort, KY 40601

Complying with the law and rules regulating wrestling, I submit this report on the following event:

Promoter _____

Date of Show _____

Location _____

License Number _____

Please list names of all participants and their license number (this list must include all wrestlers, managers, referees, and timekeepers)

Name	License Number	Name	License Number

Ticket sales information:

Total sales information:

Advance sales _____ X \$ _____ = _____

Total Sales: _____

Door sales _____ X \$ _____ = _____

5% of Sales: _____

Kids sales _____ X \$ _____ = _____

Total Due: _____

Other sales _____ X \$ _____ = _____

I hereby certify that the above is a true and complete return and that no person was admitted without a ticket and that no other event has been held since the last report:

Promoter's Signature _____

05/06